

INDIANA MEDICAID BID EVALUATION GUIDE

INPUT

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BID EVALUATION GUIDE
INDIANA MEDICAID PROGRAM

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BID EVALUATION GUIDE
INDIANA MEDICAID PROGRAM

TABLE OF CONTENTS

	<u>Page</u>
I INTRODUCTION	1
II DETAILED STEPS OF BID EVALUATION PROCEDURE	10
III TECHNICAL PROPOSAL EVALUATION	31
IV BUSINESS PLAN PROPOSAL EVALUATION	102

LIST OF EXHIBITS

	<u>Page</u>
I CONFIDENTIALITY CERTIFICATE	2
II CONFLICT OF INTEREST STATEMENT	3
III BID EVALUATION PROCEDURE	7
IV FORM E-1: RECEIPT OF PROPOSALS IN RESPONSE TO INDIANA MEDICAID RFP	11
V FORM E-2: MINIMUM REQUIREMENTS FOR PROPOSALS TO BE CONSIDERED FOR EVALUATION	12
VI FORM E-3: INDIVIDUAL EVALUATION SUMMARY	16
VII FORM E-4: GROUP EVALUATION SUMMARY	19
VIII FORM E-5: POINT WEIGHTING STRUCTURE	21
IX FORM E-6a: BID EVALUATION COMMITTEE RANKING	24
FORM E-6b: BID EVALUATION COMMITTEE RANKING: PACKAGED BIDS	25
X FORM E-7: BID EVALUATION COMMITTEE JUSTIFICATION	27
XI FORM E-8: ADMINISTRATOR (SDPW) WEIGHTING AND RANKING	30
XII FORM E-T-1: DETAILED EVALUATION LIST - TECHNICAL PROPOSALS	34
XIIIa FORM E-T-2a: MEDICAID CLAIMS PAYMENT SERVICE CHECKLIST	44

LIST OF EXHIBITS

	<u>Page</u>
XIIIb FORM E-T-2b: MEDICAID SURVELLANCE AND UTILIAZTION REVIEW SERVICES CHECKLIST	92
XIIIc FORM E-T-2c: RATE SETTING, AUDITING AND PROVIDER ENROLLMENT SERVICES CHECKLIST	94
XIV FORM E-BP-1: DETAILED EVALUATION LIST - BUSINESS PLAN PROPOSALS	103
XV FORM E-BP-2: BUSINESS PLAN PROPOSAL DETAILED CHECKLIST . . .	104

I. INTRODUCTION

I INTRODUCTION

- The purpose of this evaluation guide is to enable personnel of the State of Indiana to objectively review, rate and rank proposals submitted in response to Indiana's RFP for a Medicaid Fiscal Agent and/or sub-contractors, and to recommend to the Administrator of the State Department of Public Welfare (DPW) that bidder, or group, of bidders deemed most suitable to process claims and administer the Indiana Medicaid program most accurately, competently, in a timely manner, and at the most reasonable overall cost to the State.
- Impartial consideration will be given to all proposals submitted in response to the RFP.
- All personnel having access to proposal and evaluation information during the course of this evaluation will sign a Confidentiality Certificate (Exhibit I).
- All evaluation and selection personnel will sign a Conflict of Interest Certificate (Exhibit II).
- All copies of proposals will be delivered to the Administrator of the State DPW prior to the commencement of the evaluation process. Proposals

EXHIBIT I

CONFIDENTIALITY CERTIFICATE

I hereby certify that I understand that the information submitted in proposal responses to the Indiana Medicaid Fiscal Agent RFP is confidential in nature.

I will not disclose any information contained therein to any individual, except in the performance of my official duties as part of the evaluation process.

I further understand that my failure to observe these restrictions may result in disciplinary action.

NAME

TITLE

DEPARTMENT

DATE

EXHIBIT II

CONFLICT OF INTEREST STATEMENT

1. I certify that I have no substantial interest, nor do any of my relatives have a substantial interest in any contract, sales, purchase, or service to any of the bidders responding to the Indiana Medicaid Fiscal Agent RFP, and I am fully able to give full, fair and impartial consideration to all proposals.

2. I am now engaged in private business, for compensation, as follows:

3. During the past three years, I have been engaged in private business for compensation for any one or more of the bidders responding to this RFP as follows (if none, show "none"):

4. I have the following financial interest (stocks, bonds, loans, owner-

ship) in any one or more of the bidders responding to this RFP (if none, show "none"):

DATE _____

SIGNED _____

PRINT NAME _____

TITLE _____

ORGANIZATION _____

will not be open to the public.

- Each Technical Proposal and each Business Proposal will be delivered unopened to respective Proposal Evaluation Groups, each comprising at least three State Department staff members.
- Each proposal will be validated against a Minimum Requirements List. Failure to comply with any one item during validation will be sufficient cause to eliminate the entire proposal.
- Technical and Business Proposals will be separately evaluated.
- Each section of each proposal will be evaluated by at least three Evaluation Group members.
- Each service (claims payment, etc.) will be separately evaluated, whether submitted as part of a bid by a bidder offering to perform one, two or three of the service.
- All proposals will be evaluated by the Proposal Evaluation Groups, based on criteria in the RFP.
- The evaluation of the Proposal Evaluation Groups will be passed on to the Bid Evaluation Committee, who will assign weights to each proposal element, will rank proposals in order of weighting, and will make recommendations to the Administrator of the State DPW.
- The BEC may invite bidders to make oral presentations to clarify ambiguities in their proposals, but will not be allowed to supplement or correct proposal inadequacies or omissions.

- The BEC will forward its recommendations to the Administrator of the State DPW for final selection. The Administrator may, should it appear in the best interest of the State, invite the top three ranking bidders for each service (claims payment, etc.) to discuss their proposals, and to submit a best and final offer.
- Final selection of the winning proposal(s) will be made by the Administrator.
- Exhibit III graphically describes the proposal evaluation process.

EXHIBIT III
BID EVALUATION PROCEDURE
STATE OF INDIANA MEDICAID PROGRAM

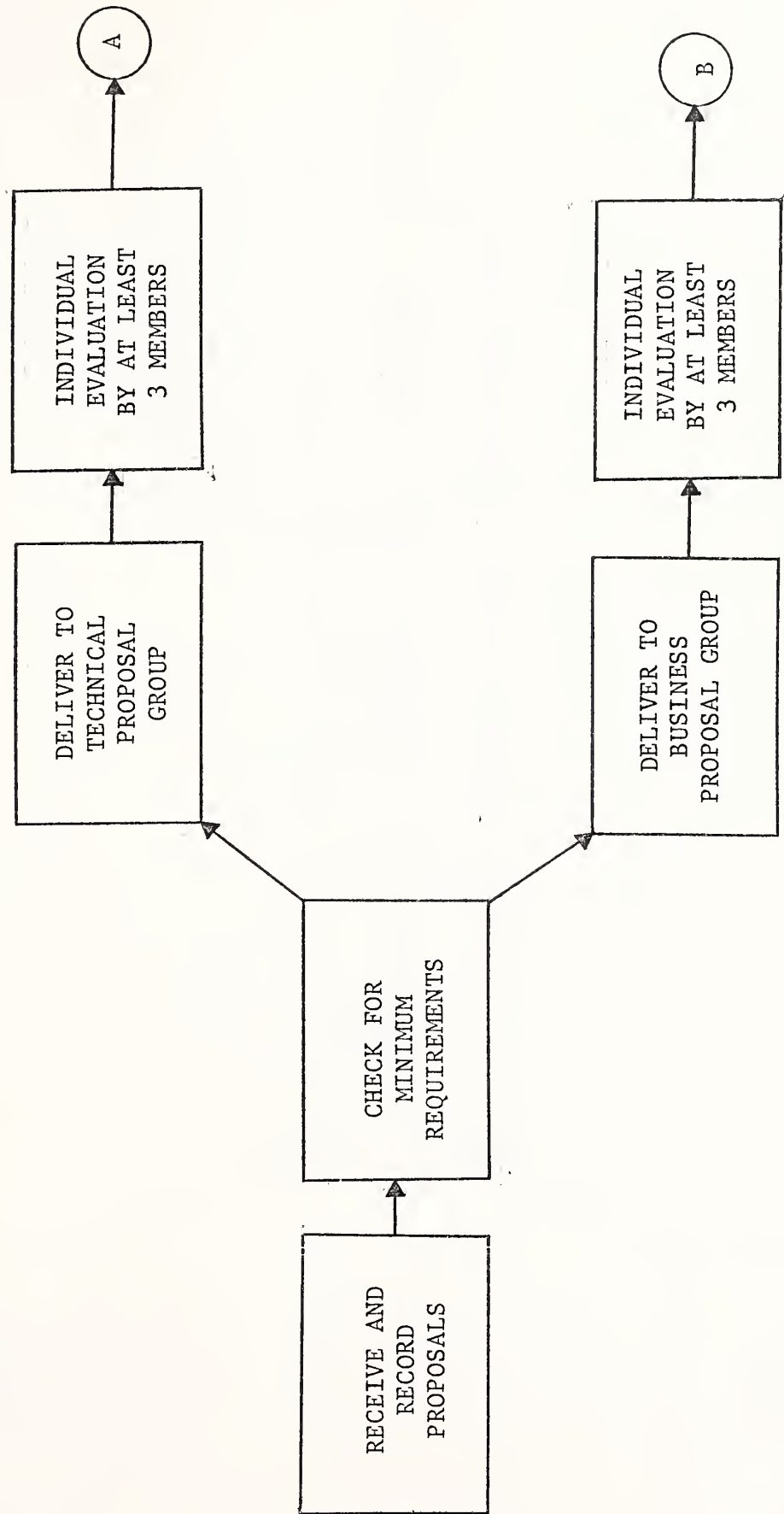


EXHIBIT III

BID EVALUATION PROCEDURE

STATE OF INDIANA MEDICAID PROGRAM (CON'T.)

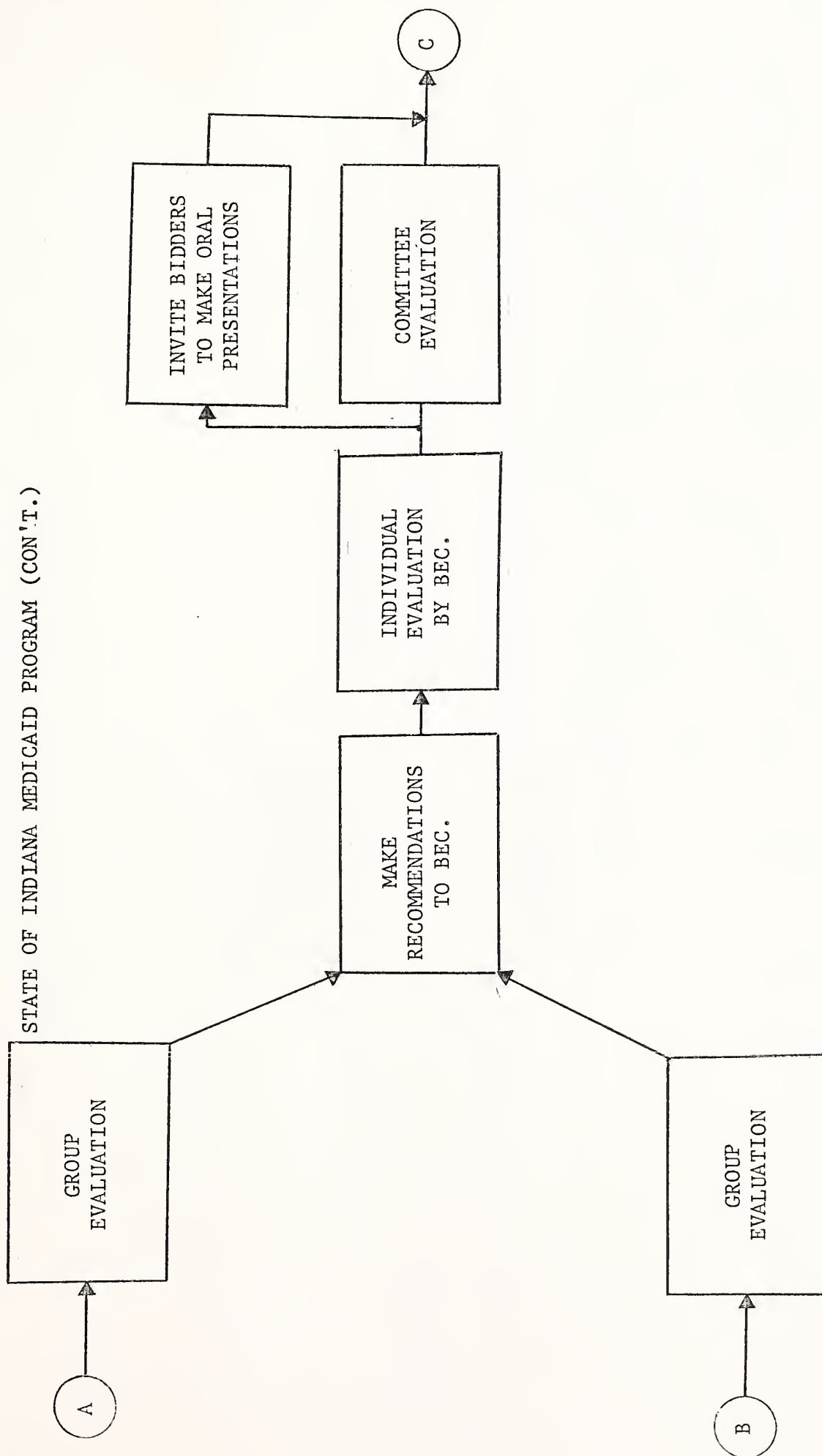
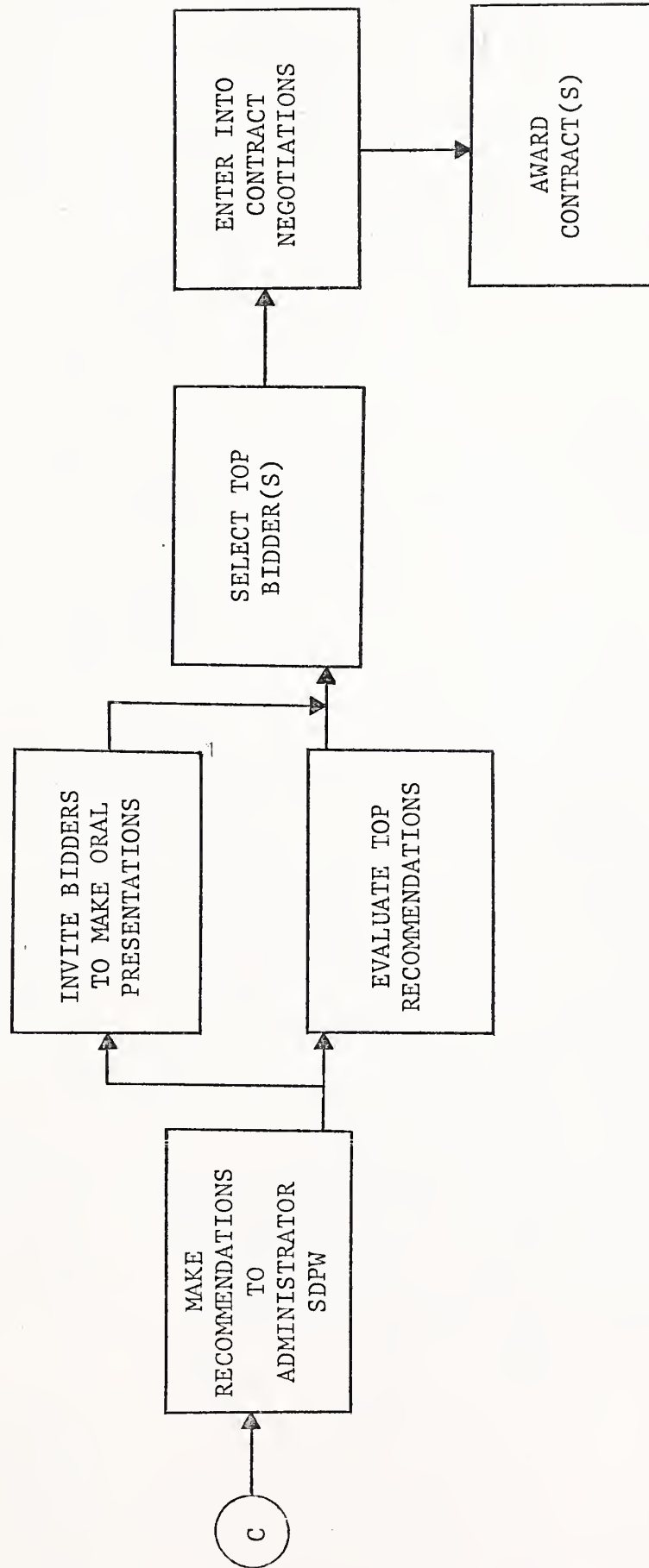


EXHIBIT III

BID EVALUATION PROCEDURE

STATE OF INDIANA MEDICAID PROGRAM (CON'T.)



II. DETAILED STEPS OF BID EVALUATION PROCEDURE

II DETAILED STEPS OF BID EVALUATION PROCEDURE

1. As proposals are received from bidders, their receipt will be recorded on Form E-1 (Exhibit IV). Only the outer envelope will be opened.
2. The Minimum Mandatory Requirements contents of the outer envelope will be recorded on Form E-2 (Exhibit V), replaced in the outer envelope and delivered, with Forms E-1 and E-2, to the Administrator of the State Department of Public Welfare (SDPW).
3. The Administrator will acknowledge receipt of the documents and assign a log number to them.
4. Technical and business proposals will not be opened prior to August 1, 1977, 10:30 a.m. EST.
5. Technical and business proposal packages will be distributed to the Technical Proposal Evaluation Group and the Business Proposal Evaluation Group respectively.
 - Members of the Technical Proposal Evaluation Group will have competence in the field of data processing and the State's Medicaid Program requirements.
 - Members of the Business Plan Evaluation Group will

EXHIBIT IV

FORM E-1

INDIANA MEDICAID RFP

RECEIPT OF PROPOSALS IN RESPONSE TO

1. Date: _____
2. Time (est.): _____
3. Is transmittal letter enclosed? Yes _____ No _____
4. Company Name: _____
5. Company Address: _____

6. Have large envelope contents been checked for presence of Minimum
Mandatory Requirements and recorded on attached Form E-2?
Yes _____ No _____
7. This document completed by: Name _____
Department _____
8. Receipt acknowledged by Administrator, SDPW: _____
Date: _____ 1977
9. Log number assigned: _____

EXHIBIT V

FORM E-2

INDIANA MEDICAID RFPMINIMUM REQUIREMENTS FOR PROPOSALS TO
BE CONSIDERED FOR EVALUATION

PAGE NUMBER	ITEM	CHECK IF CONFORMING
41	1. INTENTION-TO-BID ACKNOWLEDGMENT RECEIVED PRIOR TO JULY 18, 1977?	_____
38, 59, 60	2. PROPOSAL RECEIVED PRIOR TO 10:30 A.M., E.S.T., AUGUST 1, 1977?	_____
42, 50, 59	3. 5 COPIES OF EACH TECHNICAL PROPOSAL AND BUSINESS PROPOSAL RECEIVED, PROPERLY SIGNED, SEALED, AND IDENTIFIED, WITH TRANSMITTAL LETTER?	_____
51, 52	4. NON-COLLUSION AFFIDAVIT SUBMITTED, PROPERLY EXECUTED AND NOTARIZED?	_____
53	5. EVIDENCE OF AUTHORIZATION TO DO BUSINESS IN THE STATE OF INDIANA?	_____
53	6. \$5000 PROPOSAL GUARANTEE SUBMITTED WITH EACH PROPOSAL RESPONSE?	_____
53	7. AGREEMENT TO DELIVER A PERFORMANCE BOND IN THE EVENT OF CONTRACT AWARD?	_____
54	8. TWO MOST RECENT YEARS' FINANCIAL STATEMENTS CERTIFIED BY A CPA?	_____
54, 55	9. IF BIDDER INTENDS TO SUBCONTRACT COPY OF EXECUTED SUBCONTRACT(S), OR A LETTER OF AGREEMENT, PROPERLY EXECUTED?	_____

INDIANA MEDICAID RFP

MINIMUM REQUIREMENTS FOR PROPOSALS TO
BE CONSIDERED FOR EVALUATION

PAGE NUMBER	ITEM	CHECK IF CONFORMING
2, 152	10. STATEMENT OF BIDDER'S WILLINGNESS TO SIGN A MEMO OF UNDERSTANDING TO INTERFACE WITH OTHER SUCCESSFUL BIDDERS?	_____
163	11. AGREEMENT BY BIDDERS OF CLAIMS PAYMENT PORTION TO INDEMNIFY THE STATE IN THE EVENT OF LOSS OF 75% FFP DUE TO VENDOR'S FAILURE TO GET HIS MMIS SYSTEM CERTIFIED BY HEW?	_____
	12. PRICES AND CONDITIONS QUOTED ARE FIXED AND VALID FOR 90 DAYS AFTER CLOSING (THROUGH NOVEMBER 1, 1977)?	_____

Proposal rejected by Administrator, SDPW, for failure to meet minimum
mandatory requirements.

Signed _____

Dated _____ 1977

have competence in finance, administration and the State Medicaid program.

- Experts may be called in to act as resource persons in the evaluation process. These will not be members or, or in any way associated with, any of the firms submitting bids.

6. Each group member will open his proposal package and check for items of Minimum Mandatory Requirements which may not have been attached to the transmittal letter. Proposals which do not at this time meet Minimum Mandatory Requirements will be rejected, and no further evaluation will be performed. The group will advise the Bid Evaluation Committee (BEC) of the apparent failure of the proposal to meet Minimum Mandatory Requirements. Having satisfied themselves of this situation, the BEC will forward Form E-2 (Exhibit V) to the Administrator, with the missing items appropriately indicated, and the Administrator will officially reject the proposal by signing at the bottom of the form.

7. At least three members of each group will then read and evaluate all the remaining proposals. Each service will be separately evaluated (Claims Payment, Surveillance and Utilization Review, and Rate Setting, Auditing and Provider Enrollment), whether submitted as part of a bid by a bidder offering to perform one, or two, of the services, or the total package.

8. Combined, or "package" bids will be evaluated against other package bids dealing with the same services. Package bids from a single firm, or from a prime contractor with previously negotiated sub-contracts, will

receive extra weighting in the final evaluation performed by the Administrator SDPW.

9. Each of the four proposal sections of each proposal will be rated Excellent, Good, Fair, Acceptable, or Unacceptable. Only those proposals not meeting the Minimum Mandatory Requirements will be rated "Unacceptable", and will be rejected, without further reading, by the Administrator.

10. The four Technical Proposal sections include (see RFP, Part IB):

1. Summary
2. Qualifications
3. Description of Services Offered
4. Implementation Plan for Each Service Offered

11. The four Business Plan Proposal sections include (See RFP, Part I, B, 50):

1. Bid Price
2. Bid Price Justification
3. Terms and Conditions
4. Other Required Commitments

12. Each evaluator will write up, in detail, on the Individual Proposal Evaluation Summary, Form E-3, Exhibit VI, the reasons for assigning his rating. There will be four explanations for each service offered, and a separate Individual Evaluation Summary Form E-3 for each service offered by each bidder.

13. After all proposals have been evaluated, the individual evaluators of each proposal will meet to compare their ratings, and attempt to come to agreement upon a unanimous rating for each section, for each service, for each vendor.

EXHIBIT VI

FORM E-3

INDIANA MEDICAID RFP

INDIVIDUAL EVALUATION SUMMARY

- ORIGINAL ☐
- AMENDED ☐

1. Name of bidder: _____ Date: _____ 1977

2. Check one: Technical Proposal a. ☐

Business Plan Proposal b. ☐

3. Service being evaluated (check one): a. Claims Payment ☐

b. S/UR ☐

c. Rate Setting, etc. ☐

4. a. Rate given Part I: _____ (Excellent, Good, Fair,
Acceptable, Unacceptable)

Explain in detail. Attach extra pages as required.

EXHIBIT VI (contd.)

- b. Rate given Part II: _____ (Excellent, Good, Fair,
Acceptable, Unacceptable)

Explain in detail. Attach extra pages as required.

- c. Rate given Part III: _____ (Excellent, Good, Fair,
Acceptable, Unacceptable)

Explain in detail. Attach extra pages as required.

- d. Rate given Part IV: _____ (Excellent, Good, Fair,
Acceptable, Unacceptable)

Explain in detail. Attach extra pages as required.

- e. Except as noted, this proposal conforms to all related requirements
of the RFP.

Signed _____

Print Name _____

14. In the process of reaching agreement, some evaluators may choose to change their evaluations as originally indicated on the Individual Proposal Evaluation Summary Form E-3. In that case, an Amended Form E-3 will be completed, and the reasons for change given in the appropriate sections (4a, b, c, and/or d).

15. Whether or not any individual changes of rating are made, when a consensus is reached, or an impasse (non-consensus) is apparent, the Team Evaluation Summary Form E-4 (Exhibit VII) will be completed. This form, along with all applicable Individual Evaluation Summary Forms (originals and amendments), as well as all detailed Evaluation documents (to be described later in Sections III and IV) will be forwarded to the BEC, along with all working copies of the bidder's proposal to which the documents apply. When consensus is achieved, only the last column is to be completed on Form E-4.

16. The BEC (Bid Evaluation Committee) is composed of three members: Raymond W. Rizzo, Executive Assistant to the Governor, representing the Governor's Office; Dr. John M. Huie, Director, State Budget Agency; and Raymond E. Sanders, Commissioner, State Department of Administration.

17. The Committee will review all evaluation documents presented to them by the staff groups, hold conferences with them and review the content of any bids submitted until they are completely satisfied and mutually agreed as to their recommendations regarding the successful bidder(s). With adequate documentation to support their recommendation, they will forward such to the Administrator for his consideration and decision.

EXHIBIT VII

FORM E-4

INDIANA MEDICAID RFP

GROUP EVALUATION SUMMARY

Date: _____ 1977

1. Name of bidder: _____

2. Type of proposal (check one): Technical ☐ Business ☐

3. Service being evaluated (check one): Claims Payment ☐

S/UR ☐

Rate Setting, etc. ☐

4. Proposal Part Number	No Consensus - Individual Ratings				Consensus Rating
	Evaluator				
	#1	#2	#3		
I					
II					
III					
IV					

Names of Evaluators

Print

Signature

#1

#2

#3

18. The Committee may, at its option, at any time during this evaluation cycle, invite one or more bidders to make an oral presentation to explain technical or business proposal items which may be found to be unclear.

19. Prior to receiving any evaluations, the BEC, in cooperation with the Administrator, will decide on a point weighting structure to be used as the basis for selection of the ultimate winning bidder(s). This point weighting structure will be described on Form E-5, (Exhibit VIII), and signed by the three members of the BEC and the Administrator. This form will be the basis upon which the BEC converts the Excellent, Good, Fair, Acceptable ratings of the Evaluation Groups into a point weighting system, and upon which the Administrator will add his points later on, for integration, price and factors involving the best interests of the State of Indiana.

20. The BEC will use the point weighting structure to assign values to each part of each service offered by each vendor rated by the Proposal Evaluation Group. For each Part (I through IV), the BEC will insert on Form E-6a (Exhibit IX):

Excellent	= maximum number of points allowed
Good	= 75% of maximum
Fair	= 50% of maximum
Acceptable	= 25% of maximum

21. The BEC will then similarly evaluate (Excellent, Good, Fair, Acceptable) the credibility of the price for which each service is offered, compared with the scope and quality of the service offered. These ratings will then be factored as in 20 above, and added to Form E-6b. In case of

EXHIBIT VIII

FORM E-5

INDIANA MEDICAID RFP

POINT WEIGHING STRUCTURE

1. a. Maximum number of points to be applied by BEC

<u>Part</u> <u>Number</u>	<u>Technical Proposal</u>	<u>Business Proposal</u>	<u>Technical</u> <u>Plus Business</u>
I			
II			
III			
IV			

b. Reasonableness of price compared to services
offered:

2. Maximum number of points to be applied by Administrator:

a. Integrated vs separate services value

b. Actual price bid

c. Best interests of the State of Indiana

3. TOTAL

100

EXHIBIT VIII (contd.)

Approved by:

Administrator, State Department of Public Welfare

Executive Assistant to the Governor

Director, State Budget Agency

Commissioner, State Department of Administration

WORK SHEET FOR:
EXHIBIT IX-FORM E-6a

INDIANA MEDICAID RFP

BID EVALUATION COMMITTEE RANKING

DATE _____ 1977

SERVICE BEING RANKED

[illegible]

AGREED:

DR. JOHN M. HUIE

RAYMOND W. RIZZO

RAYMOND E. SANDERS

EXHIBIT IX-FORM E-6b

INDIANA MEDICAID RFP

BID EVALUATION COMMITTEE RANKING: PACKAGED BIDS

DATE: _____ 1977

RANK	BIDDER'S NAME	TOTAL POINTS FROM FORM E-6a				GRAND TOTAL	UNANIMOUS?	
		CLAIMS PAYMENT	S/UR	RATE SELLING, ETC.			YES	NO
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

AGREED:

DR. JOHN M. HUIE

RAYMOND W. RIZZO

RAYMOND E. SANDERS

irreconcilable differences among BEC members, an average of their individual score will be used.

22. After using worksheets (extra copies of Form E-6 or other paper) to calculate a total number of points, the BEC will arrange the bidders listed on each Form E-6 in descending order, with the highest rank at the top (most points). One Form E-6a will be used for each service, plus one Form E-6b will be used for ranking bidders who bid all three services in a packaged proposal. Thus, the BEC will complete four lists, one for each potential contract, as indicated on Page 1 of the RFP:

1. Medicaid Claims Payment Services
2. Medicaid S/UR Services
3. Medicaid Rate Setting, Auditing and Provider Enrollment Services
4. All of the above services

23. For each line item on each Form E-6, the BEC will prepare a collective narrative on Form E-7 (Exhibit X) explaining:

- a. Why the assigned evaluation for credibility of price was given;
- b. Any dissenting opinion regarding any of the ratings;
- c. Any recommendations for further clarification, investigation, vendor interviews, etc. which they might recommend.

24. The four different Form E-6s, all Form E-7s, and all documentation received from the Proposal Evaluation Groups will be forwarded to the Administrator, SDPW.

25. In addition to the above documentation, the BEC will prepare a collective letter to the Administrator in which they will recommend the top three package bidders or arrangements of individual services bidders, who in their opinion, offer the State the best possible system at the lowest

EXHIBIT X

FORM E-7

INDIANA MEDICAID RFP

BID EVALUATION COMMITTEE JUSTIFICATION

Date 1977

1. Service Rated: Claims Payment ☐
(Check one) S/UR ☐
Rate Setting, etc. ☐
All ☐
2. Bidder's Name:
3. Assigned evaluation for credibility of price: points
4. a. Justification for point assignment?
b. Dissenting opinions?
c. Recommendations for clarification, investigation, vendor interviews, etc.?

(Attach extra pages as required.)

Agreed: Dr. John M. Huie Raymond W. Rizzo Raymond E. Sanders

possible cost. The recommendations will be based on points earned, and the needs of the State of Indiana.

26. A detailed narrative analysis of why each of those three bidders or combination of bidders is recommended will be appended to the letter, in order to enable the Administrator to make maximum use of the work done so far. The analysis will highlight the strong points and the weak points of each proposal.

27. The Administrator, SDPW, will receive all proposals and all documentation prepared to date, including the specific recommendations of the BEC. The Administrator will make the final choice of the winning proposal(s).

In order to achieve this end, the Administrator:

- a. Will review in detail the recommendations made by the BEC, as well as the evaluations supporting them;
- b. Will add to the existing point scores his evaluation points, as described in Exhibit VIII, Point Weighting Structure;
- c. May consult experts or advisors, and carry on discussions with the BEC.;
- d. May request special oral presentations from any bidder(s);
- e. Make his own choice of the top three ranked packaged proposals, or arrangements of separate service proposals which would provide the complete set of services called for in the RFP.

28. The Administrator will prepare a detailed written evaluation of any ranking of the top three bidders which may be different from the ranking recommended by the BEC. This evaluation should explain the basis for differences between his evaluation and that of the BEC. Form E-8,

Exhibit XI, Administrator's Weighting and Ranking, will be attached.

29. If the Administrator agrees with the BEC ranking, he will prepare a letter indicating his agreement, and will attach Form E-8.

30. The Administrator may then call in each of the top ranked bidders for discussions and may, at his discretion, provide an opportunity for bidders to submit a "best and final" offer.

31. The Administrator will then choose and announce the winning bidder(s) and authorize commencement of contract negotiations.

FORM E-8

ADMINISTRATOR (SDPW) WEIGHTING AND RANKING

Date 1977

1. <u>Ranking Recommended by BEC</u>	<u>Points Added by Administrator</u>
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
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88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

	<u>Bidder's Name</u>	<u>Total Points</u>	<u>Integration</u>	<u>Price</u>	<u>State's Interest</u>	<u>Grand Total</u>
1.						
2.						
3.						

2. Alternative Ranking Decided by Administrator, SDPW

		<u>Points Added by Administrator</u>			
	BEC			State's	Grand
<u>Bidder's Name</u>	<u>Total Points</u>	<u>Integration</u>	<u>Price</u>	<u>Interest</u>	<u>Total</u>
1.					
2.					
3.					

Signed by: Wayne Stanton, Administrator SDPW

III. TECHNICAL PROPOSAL EVALUATION

III TECHNICAL PROPOSAL EVALUATION

- The purpose of the Technical Proposal Evaluation is to ensure that each proposal is fully compliant with the requirements of the RFP. Each evaluator will check every item on the attached Detailed Evaluation List- Technical Proposals (Exhibits XII and XIII), and indicate in the appropriate column whether or not the proposal complies, or if there is some uncertainty.
- Each evaluator will have signed in advance of opening and/or examining any proposal:
 - Confidentiality Certificate (Exhibit I)
 - Conflict of Interest Statement (Exhibit II)
- Each of three distinct services is to be evaluated independently, whether submitted by a bidder offering to do one, or two, or all three services. The three services are:
 - Medicaid Claims Payment
 - Medicaid Surveillance and Utilization and Review
 - Medicaid Rate Setting, Auditing and Provider Enrollment
- Each service, by each bidder, will be read and evaluated by at least three members of the evaluation group. Each evaluator will complete Form E-3 (Exhibit VI), Individual Evaluation Summary, for each of the four parts

required by the RFP.

• Prior to commencing evaluation, each proposal will be checked to make sure that the Minimum Mandatory Requirements (Form E-2, Exhibit V) have been met. If they have not, a preliminary examination will be made of the Technical and Business Plan proposals to determine if the deficient items are present therein. If so, Form E-2 (Exhibit V) shall be appropriately noted. If not, the proposal is to be rejected and marked Unacceptable on Form E-3 (Exhibit VI).

• The required structure of the Technical Proposal is given in RFP Section I, B. The four parts to be examined and evaluated are:

<u>PROPOSAL SECTION NUMBER</u>	<u>PROPOSAL SECTION TITLE</u>	<u>PROPOSAL SECTION CONTENT</u>
1	SUMMARY	A. STATEMENT OF PROBLEM B. STATEMENT OF STATE OBJECTIVES C. SPECIFY THE SERVICES FOR WHICH THIS BID IS SUBMITTED, AND OUTLINE THE SERVICES OFFERED.
2	QUALIFI- CATIONS	FOR EACH OF THE SERVICES OFFERED DESCRIBE QUALIFI- CATIONS AND EXPERIENCE.
3	DESCRIPTION OF SERVICES OFFERED	DESCRIBE BRIEFLY THE SERVICES OFFERED.
4	IMPLEMENTATION PLAN FOR EACH SERVICE OFFERED	PROVIDE A TIME-PHASED IMPLEMENTATION PLAN IDENTIFYING EACH MAJOR ACTIVITY AND ITS PROJECTED COMPLETION DATE.

- The RFP (I.B. 43-I.B. 49) specifically outlines the required content of Proposal Sections 2, 3 and 4. Each proposal is to be examined for conformance to that outline. Conformance to Proposal Section 1 requirements is to be decided by the evaluator's own judgment. One copy of Form E-T-1 (Exhibit XII) is to be completed for each proposal, and may cover one, two or all three services offered by a single bidder.

- In order to be able to complete properly Form ET-1, each Technical Proposal Evaluator will use the detailed check lists on Forms E-T-2a, b and c - one for each service offered (see Exhibits XIII a, b and c). The check lists pick up all the Contractor Duties requested in RFP Section II B, which should be reflected in the bidder's proposal. Each item should be checked for proposal conformance, as an aid to completing Form E-T-1.

DETAILED EVALUATION LIST - TECHNICAL PROPOSALS

INDIANA MEDICAID RFP

OUTLINE REQUIREMENTS

2. Bidder's Name _____ 1. Date _____ 1977

4. Service(s) Evaluated (check all that apply)
- ☐ Claims Payment
- ☐ S/UR
- ☐ Rate Setting, etc.
3. Evaluator's Name _____

Proposal Section Number	Section Title	Content	Proposal Meet RFP Requirements?		Notes
			Yes	No Uncertain	
1.	Summary	A. Statement of problem	_____	_____	_____
		B. Statement of State objectives	_____	_____	_____
		C. Specify the services for which this bid is submitted and outline the services offered	_____	_____	_____
2.	Qualifications	For each of the services offered, describe qualifications and experience as follows:	_____	_____	_____

EXHIBIT XII (contd.)

	Proposal Meet			Notes
	RFP Requirements?			
	Yes	No	Uncertain	
<u>OUTLINE FOR CLAIMS PAYMENT SERVICES QUALIFICATIONS</u>				
(1) Installation and operation of large data processing systems with large transaction volumes.	—	—	—	
(2) Ability to provide software, technical support and equipment necessary to support the processing required by the Medicaid Program.	—	—	—	
(3) Development capability related to establishment of 15 remote terminals for county welfare departments and 2 State Department of Public Welfare terminals to provide recipient eligibility data flow to the system, and prepare Medicaid eligibility cards.	—	—	—	
(4) Capability of providing the privacy and security features necessary for:				
(a) Preventing unauthorized access to or use of personal data;	—	—	—	
(b) Providing protection against fraudulent acts by bidder's employees or others with access to the data;	—	—	—	
(c) Providing for recovery of data in the event of catastrophe.	—	—	—	

Check if ☐ Appropriate

EXHIBIT XII (contd.)

		Proposal Meet RFP Requirements?		Notes
		Yes	No	Uncertain
	(5) Other relevant experience.	—	—	—
Check if <input type="checkbox"/> Appropriate	<u>OUTLINE FOR SURVEILLANCE/UTILIZATION REVIEW AND CONTROL SERVICES QUALIFICATIONS</u>			
	(1) Establishing and operating medical review teams.	—	—	—
	(2) Working with automated S/UR support systems.	—	—	—
	(3) Medicaid/Medicare S/UR experience.	—	—	—
	(4) Other relevant experience.	—	—	—
Check if <input type="checkbox"/> Appropriate	<u>OUTLINE FOR RATE SETTING, AUDITING AND PROVIDER ENROLLMENT SERVICES QUALIFICATIONS</u>			
	(1) Rate setting and auditing of health care institutions and businesses.	—	—	—
	(2) Medicaid/Medicare Rate Setting and Auditing experience.	—	—	—

EXHIBIT XII (contd.)

	Proposal Meet			Notes
	RFP Requirements?			
	Yes	No	Uncertain	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	

Check for ☐
ALL Services

OUTLINE FOR GENERAL QUALIFICATIONS

(1) Qualifications of key individuals who will be assigned to this program: specifically those of the proposed program leader and managers of each of the major services for which a bid is submitted.

(2) Statement of the bidder's involvement in work which is similar to the function of this proposal, the performance of which will overlap in time span with the work proposed in this bid. The bidder shall provide at least the following information:

(a) Start and end date.

(b) Name, address and responsible officer of firm or organization for which the work is being performed.

EXHIBIT XII (contd.)

	Proposal Meet RFP Requirements?			Notes
	Yes	No	Uncertain	
(c) <u>Brief description of services performed.</u>	—	—	—	
(d) Quantitative data, such as:				
(i) Claims volume processed per year.	—	—	—	
(ii) Number of medical review teams employed.	—	—	—	
(iii) Number of bidder's personnel involved in the work identified above, who will also be carrying out the responsibilities of the Medicaid contract for which the proposal is being submitted.	—	—	—	
(iv) Identify other areas of related functions.	—	—	—	

(3) DESCRIPTION OF SERVICES OFFERED

DESCRIBE BRIEFLY THE SERVICES OFFERED BELOW:

	Check if <input type="checkbox"/> Appropriate	<u>OUTLINE FOR CLAIMS PAYMENT DESCRIPTION</u>	<u>Proposal Meet</u>			<u>Notes</u>
			<u>RFP Requirements?</u>			
			<u>Yes</u>	<u>No</u>	<u>Uncertain</u>	
(1)		Indicate how you propose to operate the MMIS as specified in Part II including the State and County Welfare Department on-line capabilities. Indicate at this point in the outline whether the Indiana certified MMIS will be used. If not, identify the other State whose certified system will be used, or describe in detail the alternate system proposed. If the Indiana system will not be used, describe in some detail the advantage of the proposed system.	—	—	—	
		Include summary production schedule showing projected frequencies of claim payment, frequencies of recipient enrollment and changes in enrolled cases, provider enrollment and other major activities.	—	—	—	
(2)		Specify the hardware/software/network environment you propose to use including the main and satellite computer systems. Indicate the projected capacity availability.	—	—	—	
(3)		Indicate how you will maintain or acquire the Federal certification of the MMIS as specified in P.L. 92-603 Section 233 and PRG-31 (see Part VI.A.).	—	—	—	

EXHIBIT XII (contd.)

	Proposal Meet			Notes
	RFP Requirements?			
	Yes	No	Uncertain	
The plan should include:				
(a) Scheduled start date.	—	—	—	
(b) Identification of major activities and their dependency upon each other.	—	—	—	
(c) Scheduled completion dates of each major activity.	—	—	—	
(d) Dependencies on decisions and activities by other contractors, your sub-contractors, present Indiana Medicaid Fiscal Agent and the State Department of Public Welfare.	—	—	—	
(e) Beginning date of system trial runs.	—	—	—	
(f) Beginning date of full implementation.	—	—	—	
(g) Conversion procedures from current system and dates.	—	—	—	
(h) Date of full operation (not later than 1-1-79).	—	—	—	

EXHIBIT XII (contd.)

	Proposal Meet			Notes
	RFP Requirements?			
	Yes	No	Uncertain	
(4) Indicate the extent of responsibility you will assume for revising the MMIS in response to changes in law, regulation, program content. Indicate whether such changes will be performed by your own staff or by a sub-contractor.	—	—	—	
(5) Indicate the method for interfacing with the Medicare intermediary.	—	—	—	
<p>Check if <input type="checkbox"/> Appropriate</p> <p><u>OUTLINE FOR SURVEILLANCE/UTILIZATION REVIEW (S/UR) AND CONTROL SERVICES DESCRIPTION</u></p>				
(1) Describe interface with the automated S/UR Sub-system, as specified in Part II of the RFP.	—	—	—	
(2) Indicate how you will organize, schedule and control the medical review teams.	—	—	—	
(3) Describe projected interfaces with the State Department of Public Welfare and Medicaid providers.	—	—	—	
(4) Indicate how you will assist the State Department of Public Welfare in planning the level of effort to be expended in this (S/UR) function.	—	—	—	

EXHIBIT XII (contd.)

Proposal Meet
RFP Requirements? Notes

Yes No Uncertain

(5) Indicate how you will provide the other relevant functions specified in Part II of the RFP.

Check if ☐
Appropriate

OUTLINE FOR RATE SETTING, AUDITING AND PROVIDER
ENROLLMENT SERVICES DESCRIPTION

(1) Describe interface with the automated Provider Sub-system, as specified in Part II of the RFP.

(2) Describe fully how you will provide the relevant functions specified in Part II of the RFP.

Check for ☐
ALL Services

IMPLEMENTATION PLAN FOR EACH SERVICE OFFERED

PROVIDE A TIME-PHASED IMPLEMENTATION PLAN IDENTIFYING EACH MAJOR ACTIVITY AND ITS PROJECTED COMPLETION DATE.

(1) The State requires a summary level CPM or PERT network that will demonstrate the bidder's understanding of the relationships among the various functions to be accomplished within the services for which the bid is submitted and between these and other services identified in these Specifications.

EXHIBIT XIIIa - FORM E-T-2a

INDIANA MEDICAID RFP

MEDICAID CLAIMS PAYMENT SERVICE CHECK LIST

Date: _____

Evaluator's Name: _____

A. MMIS

Bidder's Name: _____

Proposal Meet
RFP Requirements?
Yes No Uncertain

i. Recipient Subsystem

(a) Accomplish objectives and functions equivalent to those contained in Volume I, Section II of the MMIS General Systems Design.

(b) Receive appropriate Medicaid recipient eligibility data from 92 county departments of public welfare and the State Department of Public Welfare daily, and key verify, enter, validate, and return the source documents to their origin.

(c) Provide a daily listing of all accepted and rejected source documents to the State Department or as otherwise directed.

(NOTE: Following pages are RFP II.B. 74-109)

EXHIBIT XIIIa - FORM E-T-2a (contd.)

<u>Proposal Meet RFP Requirements?</u>		
Yes	No	Uncertain

- (d) Provide the capability to expand the county code to include up to ninety-nine (99) separate entries.

Each county has an assigned 2-digit code and the expansion from 93 through 99 is necessary to accommodate selected State Department programs.

- (e) Provide for all data elements needed to identify recipients as reported or identified by the State or county welfare departments including the recipient's Social Security number.

- (f) Provide on at least a monthly basis, to the State Department and each of the ninety-two (92) county welfare departments, a listing of the complete Medicaid eligibility file for each county in alpha and numeric order and in as many copies as

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

required by the county. (Current experience is that about a half dozen of the larger counties will require more than one copy of each listing.)

- (g) Provide by the 25th of each month a new Medicaid card for continuing recipients, and provide a monthly card for new recipients upon enrollment. Cards are batched and mailed to the county departments for individual recipient mailing with a few state cases (identified by their case number) which are forwarded to the State Department for individual mailing. These cards must be furnished and mailed to the counties and State Department at the expense of the Contractor.

One card serves all of the enrolled members of an AFDC family. Each aged, blind and disabled recipient must have an individual card.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

- (h) Pursuant to State Department directives, provide the capability of replacing Medicaid cards, receiving all confiscated Medicaid cards, and adjusting termination dates.
- (i) Provide a monthly report to the State Department of Public Welfare covering the Early and Periodic Screening, Diagnosis and Treatment of all recipients under the age of 21. The report will include the total number of individuals screened under age 6, and from age 6 through 20; the number screened who were not referred for follow-up diagnosis and treatment; and the number of individuals screened who were referred for diagnosis and treatment. In addition, the report will include the numbers of individuals screened with: visual problems, dental problems, lead poisoning and other problems. The final item is the total payment for screening services.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

<u>Proposal Meet RFP Requirements?</u>		
Yes	No	Uncertain

This report is due in the State Department by the 10th of each month for the previous month, and must be consistent with Federal reporting requirements as set forth in Federal Program Instruction, OIS-NCSS-PI-74-17 dated January 28, 1974.

There is also a requirement for an annual report on Early and Periodic Screening, Diagnosis and Treatment which contains: total payments for individuals screened under age 6, and from age 6 through 20 according to AFDC money payment status of the individual; the number screened who were not referred for follow-up diagnosis and treatment; the total number who were referred for diagnosis and treatment; the total screened under age 6 by sex and race; the total screened from age 6 through 20 by sex and race (broken down to white and other). This report is due in the State

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

Department by the end of each fiscal reporting year, and must be consistent with Federal Program Instruction OIS-NCSS-PI-74-2 dated June 18, 1974.

- (j) Assist the State Department in updating, revising and reproducing the portion of the enrollment manual which contains instructions to the State and County Welfare Departments on how to follow the procedures and use the forms required to maintain the recipient eligibility file.

- (k) Provide an Eligibility File Data Exchange tape for cross-matching enrollments with surrounding states in a format and frequency prescribed by the State Department. (An effort is made to match with each surrounding state annually.)

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	<u>Proposal Meet RFP Requirements?</u>		
	Yes	No	Uncertain
(1) Provide on-line inquiry of information on the Recipient File.	_____	_____	_____
(m) Provide a monthly report to county welfare departments listing those recipients who may be possible duplicate enrollments.	_____	_____	_____
(n) Provide a monthly report listing all persons, ages 18 to 21 years, currently enrolled as active in the AFDC Program.	_____	_____	_____
(o) Provide a monthly report to county departments of public welfare listing numerically the recipient enrollment records to be purged from the file in thirty (30) days, due to being inactive for twenty-four (24) months, and those which have actually been purged.	_____	_____	_____
(p) Provide a monthly report alerting county departments of public welfare of those			

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

recipient enrollment records to be terminated in thirty days, and those recipients who have actually been terminated.

_____	_____	_____
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ii. Provider Subsystem

(a) Accomplish objectives and functions equivalent to those contained in Volume I, Section III of the MMIS General Systems Design.

_____	_____	_____
-------	-------	-------

(b) Provide monthly listing of certified nursing homes whose certification will expire in next sixty (60) days.

_____	_____	_____
-------	-------	-------

(c) Provide the State Department on-line inquiry of information on the Provider File.

_____	_____	_____
-------	-------	-------

(d) Provide the State Department an alphabetic and numeric sequence listing of the Active Provider File on a monthly basis.

_____	_____	_____
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EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

(e) Provide a monthly report to the State
Department of Public Welfare of providers
who will be purged or have already been
purged from the active file due to in-
activity for more than twenty-four (24)
months.

(f) Provide a monthly report to the State
Department of providers activated during
the month.

(g) Provide a monthly report to the State
Department listing all providers by
provider type.

(h) Provide a monthly report to the State
Department identifying all currently
approved rates for institutional pro-
viders.

(i) Provide a monthly report to the State

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

Department of providers terminated
during the month.

_____	_____	_____
-------	-------	-------

(j) Provide and maintain updated mailing labels and envelope stuffers for all eligible providers, or for providers within specific specialties or localities.

_____	_____	_____
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(k) Provide the capability for an eligible provider to have more than one assigned identification number for billing and mailing purposes; and, at the same time, ensure that all claims submitted by a given eligible provider, regardless of the identification number used, are verified by the system for possible duplication, utilization review, reasonableness of charges, and 1099 (IRS) reporting.

_____	_____	_____
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(l) Assist the State Department in assuring that provider manual language is concur-

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

rent with technical and mechanical input
and output procedures of the system.

(m) Provide a quarterly listing of eligible
providers, by county, in specialty code
sequence.

(n) Provide a monthly listing of eligible
providers participating in the program.

iii. Claims Processing Subsystem

(a) Accomplish objectives and functions
equivalent to those contained in
Volume II, Section IV of the MMIS
General Systems Design.

(b) Accomplish criteria set forth in Fed-
eral Program Regulation MSA-PRG-31,
6-10-74, 7-71-44 Subsystem Require-
ments - Claims Processing, including
a monthly Explanation of Benefits.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

(c) Date stamp each claim as it is received,
and batch or identify each claim at the
earliest possible time, in order to se-
cure control of the claim throughout the
system.

(d) Determine that the service reported on
the claim is a covered Medicaid benefit,
and when required, that proper authoriza-
tion for the service is attached to the claim.

(e) Determine that the diagnosis on the claim
warrants the medical service reported on
the claim.

(f) Code all claims with appropriate
procedure and diagnostic codes so
that adequate detail may be accu-
mulated in the system for accurate
claim payments and State reporting.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

<u>Proposal Meet RFP Requirements?</u>		
Yes	No	Uncertain

(g) Verify whether the provider of service for each claim was an approved provider when the service was rendered.

_____	_____	_____
-------	-------	-------

(h) Provide the State Department on-line inquiry of information on the Claims Paid File.

_____	_____	_____
-------	-------	-------

(i) Ensure that all recipients for whom claims have been submitted were eligible for the type of service at the time the service was rendered. Check nursing home claims to assure appropriateness of admission date, billing dates and State-approved level of care.

_____	_____	_____
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(j) Perform duplicate checking of claims submitted against claims paid during the previous twenty-four (24) months.

Automatically reject claims which

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	<u>Proposal Meet RFP Requirements?</u>		
	Yes	No	Uncertain
are found to be the same as a claim previously paid.	_____	_____	_____
(k) Perform reasonable charge checking against the provider reimbursement rate for institutions.	_____	_____	_____
(l) Perform reasonable charge checking against the provider's previous charge pattern and the charge patterns of his region within the State for individual practitioners.	_____	_____	_____
(m) Identify claims for services which exceed the normal parameters on the number of services allowed for a particular diag- nosis. Review claims with the pre-payment medical advisor for rejection or payment of the service.	_____	_____	_____
(n) Identify claims for recipients having			

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

medical resources other than Medicaid as identified in the recipient enrollment file or on the submitted claim. The Medicaid payment shall be reduced by the amount of liability of that other resource.

(o) Identify claims for recipients who the provider indicates have died. This report is generated as appropriate.

(p) Assure that all out-of-state claims without the required State Department prior approval are promptly returned to the State Department for necessary review and authorization for payment.

(q) Maintain data necessary to satisfy all legal and reporting requirements of the State Department which may include micro-filming of all processed claims.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

(r) Notify the provider on a weekly basis of either the payment or denial of all claims he has submitted. Notice will include provider name and number, date of payment, welfare identification number of the recipient, initials of recipient, service date, prescription number or admission date, number of services or days of care, type of service, submitted charge, allowed charge, drug code, medical procedure code or patient number, and remarks fully and accurately explaining the reason for reduction or denial of payment.

(s) Utilize the drug price file to perform reasonable charge checking for both legend and non-legend drugs. Payment of legend drugs will be made on the Federally established Maximum Allowable Cost (MAC)/Estimated Acquisition Cost (EAC) Drug Pricing Formulas, or Average Wholesale Price (AWP) as listed in the Drug

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

Topics Red Book, plus a State-approved dispensing fee. Payment of non-legend drugs will be based on the OTC (over the counter) shelf price or the provider's usual charge, whichever is lower. Updates of the file, as reflected in the Drug Topics Red Book, and Federally published MAC/EAC lists, shall be distributed to the provider as necessary.

_____	_____	_____
-------	-------	-------

- (t) Assure that all requirements for proper Medicare/Medicaid related responsibilities as identified in Part II.B.2.c. are provided for in this subsystem. (For the sake of clarity of presentation and because of the length of detail of Medicare/Medicaid related responsibilities, the full discussion of this topic has been included under Part II.B.2.c. All bidders for the Claims Payment Services function must be thoroughly familiar with the Medicare/Medicaid interface requirements.
- | | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	<u>Proposal Meet RFP Requirements?</u>		
	Yes	No	Uncertain
(u) Assure that all claims are denied for payment which are received by the Fiscal Agent more than 24 months following the date services were provided.	_____	_____	_____
(v) Establish proper quality control on the accuracy of claims payments to ensure that the rate of claim adjustments for clerical/financial errors will not exceed 3% of the total number of claims processed in any month. The error percentage is determined by the total claims processed in the reporting period.	_____	_____	_____
(w) Provide prompt response to all verbal inquiries regarding the status of any claim.	_____	_____	_____
For telephone and walk-in inquiries regarding claim problems, the provider must be given a complete answer or told that additional action is required.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

He must also be told when a complete
answer will be available.

(x) Provide prompt response to all written
inquiries regarding the status of un-
paid claims. The inquiring provider
must be given a complete answer or told
additional action is required, and that
a complete answer will be received within
a specified time.

(y) Receive, organize and control all requests
for additional review of claim payments.
The Contractor must research the payment
of the claim to determine clerical accuracy,
forward all requests for review to the
appropriate medical, dental or pharmaceutical
consultant, and then either allow or deny the
request for adjustment of payment. The pro-
vider must then be notified timely by means
of the weekly payment listing or by corres-
pondence.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

(z) Provide claims payment information as needed by the State Department to implement its required Medicaid Quality Control program.

_____	_____	_____
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(aa) Provide a monthly updated claims payment detail and summary report on microfilm, cross-referencing all claims paid on all recipient numbers for a specific recipient.

_____	_____	_____
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(bb) Provide an annual report to the State Department of Public Welfare of total Medicaid payments to all participating providers in a form as requested by the State.

_____	_____	_____
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(cc) Provide a monthly report to the State Department of Public Welfare identifying expenditures for eligible recipients in County Homes (ARCH) as required.

_____	_____	_____
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EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
(dd)	Establish and coordinate the activity			
	of Peer Review Committees for profes-			
	sional providers of service.			
iv. <u>Reference File Subsystem</u>				
(a)	Accomplish objectives and functions equiv-			
	alent to those contained in Volume II,			
	Section V of the MMIS General Systems			
	Design.			
(b)	Maintain the data necessary to support the			
	Glaims Processing Subsystem in ensuring			
	that claims are paid in accordance with			
	45 CFR 250.30, Reasonable Charges.			
(c)	Maintain a data base of paid claims by in-			
	dividual providers to support IRS 1099			
	reporting requirements at year-end.			
(d)	Maintain a minimum of twenty-four (24)			
	months history of previously paid claims			

EXHIBIT XIIIa - FORM E-T-2a (contd.)

<u>Proposal Meet</u>		
<u>RFP Requirements?</u>		
Yes	No	Uncertain

to support duplicate checking and utilization review.

_____	_____	_____
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- (e) Maintain Provider Pricing Profiles for all medical services, pharmaceuticals, supplies, and transportation to support pricing in accordance with requirements of the Indiana Medicaid Program.

_____	_____	_____
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- (f) Maintain computer pricing profiles based on the standards established by the State Department and have the capability of generating the profiles twice yearly, using a full year of paid claim history. Generate a usual and customary profile for each provider of service, and a locality and specialty profile based upon the charge patterns of the provider's peer group. Peer groups will be based on medical specialty and geographic regions acceptable to the State Agency.

_____	_____	_____
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EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

(g) Maintain a complete history of all claims processed for use as a reporting base, including those claims temporarily removed from the system for file adjustments.

(h) Maintain a file of all types of service and procedure codes with alpha-numeric descriptions to support validation of claim data and generation of utilization review reports.

v. Surveillance and Utilization Review Subsystem (S/UR)

(a) Accomplish objectives and functions equivalent to those contained in Volume III, Section VI of the MMIS General Systems Design, make full use of the services contracted by the State Department with the Surveillance and Utilization Review and Control Contractor, and make available to such Contractor all of the S/UR

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

data and information from any of the
other subsystems as necessary for him
to carry out his full contracted functions.

_____	_____	_____
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(b) Provide the ability to perform analyses
and produce reports which are responsive
to the changing needs of Medicaid Ad-
ministration.

_____	_____	_____
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(c) S/UR Reporting

(i) The Contractor shall develop a
statistical profile of utiliza-
tion patterns of eligible recipi-
ents and eligible providers for
all categories of services.

_____	_____	_____
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(ii) The Contractor shall develop com-
puter generated reports to identify
those eligible providers and eligible
recipients who, because of the quantity
of services being rendered or re-

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	Proposal Meet RFP Requirements?		
	Yes	No	Uncertain
ceived, require investigation by the medical and field staffs to determine fraud or over-utilization of services. The findings from the required reviews of various provider specialty groups will appear in these reports. Report requirements shall include, but not be limited to:			
(c-1) Quarterly reports of eligible providers whose practice patterns exceed established norms for any or all medical procedures.	_____	_____	_____
(c-2) Quarterly reports identifying those medical procedures in which over-utilization is most prevalent.	_____	_____	_____
(c-3) Quarterly reports on recipients seeing more than a prescribed number of providers of service within a specific time period.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	Proposal Meet RFP Requirements?		
	Yes	No	Uncertain
(c-4) Drug utilization reports to identify excessive prescriptions per recipient, excessive refills per prescription, and users of dangerous drugs.	_____	_____	_____
(c-5) Microfilm or microfiche reports of paid services, with sufficient information to facilitate analysis of data contained in the quarterly reports.	_____	_____	_____
(c-6) Other reports as specified and required by the State Department of Public Welfare or the Federal DHEW.	_____	_____	_____

For additional requirements relating to the S/UR function, see Part VI.A.2. of this Request for Proposals and other documentation available in the office of the State Department of Public Welfare.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
vi.	<u>Management and Administrative Reporting Subsystem (MARS)</u>			
	(a) Accomplish objectives and functions equivalent to those contained in Volume IV, Section VIII of the MMIS General Systems Design.	_____	_____	_____
	(b) Make sure that MARS is responsive to the needs of the State Department in its management of the Medicaid program under the provisions of Title XIX and Indiana statutes, in meeting all of its Medicaid reporting requirements, and in maintaining maximum FFP.	_____	_____	_____
	(c) Support the State Department's special inquiry reports such as the Statistical Package for the Social Services (SPSS), Generalized Information System/Virtual Storage (GIS/VS), or an equivalent software package.	_____	_____	_____
	(d) Provide computer-generated reports to identify the number of claims processed			

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	Proposal Meet RFP Requirements?		
	Yes	No	Uncertain
in each cycle and the disposition of claims within the processing cycle.	_____	_____	_____
(e) Provide daily computer-generated reports to monitor the activity within each pro- gram in the computer system.	_____	_____	_____
(f) Provide daily computer-generated reports that identify claims inventory levels within each processing area.	_____	_____	_____
(g) Provide weekly and monthly computer- generated reports identifying the savings realized as a result of audits in the Medicaid Claims Processing Sub- system.	_____	_____	_____
(h) Provide weekly computer-generated financial reports, showing the total Medicaid cost by welfare category and type of service rendered.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

(i) Provide an accumulated six-month and annual compilation of Medicaid program statistics as provided by the MARS Subsystem and in a form required by the State Department.

_____	_____	_____
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(j) Provide copies of all reports to the State Department.

_____	_____	_____
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b. Related Duties of Claims Payment

i. Receive and appropriately deal with all source documents such as claims, enrollments, etc., and maintain responsibility for the proper distribution of all output documents from the system, as directed by the State Department.

_____	_____	_____
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ii. Upon prior approval of the State Department, update provider claim forms. Upon final approval, Contractor will arrange for printing, procurement and distribution of such forms.

_____	_____	_____
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iii. Operate a facility equipped to address forms,

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	Proposal Meet RFP Requirements?		
	Yes	No	Uncertain
envelopes, claim documents, letters, etc., to providers, county welfare departments, and others.	_____	_____	_____
iv. Be responsible for, and indicate the capability to operate mail room facilities with capabilities to date stamp and expediently handle approximately 15,000 pieces of incoming and outgoing mail on a daily basis.	_____	_____	_____
v. Provide adequate micro-photography/COM services for the generation, development, duplication, and distribution of microfilm and/or microfiche.	_____	_____	_____
vi. Provide for the services of physicians, dentists, pharmacists, registered nurses, and other medical technicians that may be necessary for effective review of claims for services rendered, payments to eligible providers, and to develop and maintain all necessary safeguards to assure the quality and quantity of health care.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

vii. Provide consultation to individual providers on claims payment matters. Requested assistance and response will be given within ten (10) work days.

_____	_____	_____
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viii. Prepare provider payment checks, explanation of provider payments, financial control reports, check register, and cash disposition listings on a weekly basis using reports prepared by the EDP System and as required by the State Department.

_____	_____	_____
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ix. Make payments to providers on a weekly basis and no longer than 30 days following receipt of proper evidence establishing validity of claims.

_____	_____	_____
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x. Submit a detailed invoice report to the State Department weekly showing total provider payments. Each invoice must be supported by a detailed listing which includes recipient

EXHIBIT XIIIa - FORM E-T-2a (contd.)

	<u>Proposal Meet RFP Requirements?</u>		
	Yes	No	Uncertain
medical and statistical data, credits and/or adjustments.	_____	_____	_____
xi. Furnish a monthly report of all inpatient hospital, skilled nursing home, and intermediate care facility open admissions by provider and location.	_____	_____	_____
xii. Furnish a monthly in-patient census and Charge Analysis Report with information as requested by the Single State Agency, to provide for comparison of hospitals, skilled nursing homes, and intermediate care facilities by locality, bed size, and county.	_____	_____	_____
xiii. Prepare a detailed weekly claims expense invoice for submission to the State Agency along with all credits and adjustments.	_____	_____	_____
xiv. Prepare a detailed monthly administrative expense invoice of claims processed for submission to the State Agency.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
xv.	Furnish a monthly Category of Services by Location Report.	_____	_____	_____
xvi.	Prepare accurate and detailed source and allocation records of all disbursements from the Medicaid bank account and furnish copy to the State Department.	_____	_____	_____
xvii.	Perform banking functions, if any, for the Medicaid account including the reconciliations of the bank account as directed by the State Department.	_____	_____	_____
xviii.	Maintain an inventory of Medicaid checks in a secure and restricted area and perform an ongoing audit program to control the issuance of checks. The Contractor shall also process checks as required.	_____	_____	_____
xix.	Develop and maintain a comprehensive account- ing manual governing Contractor's operation.	_____	_____	_____

Proposal Meet
RFP Requirements?

Yes No Uncertain

c. Medicare Interfacing by the Claims Payment Contractor

i. General

The Claims Payment Contractor must handle all Part A Medicare and Part B Medicare Title XVIII of the Social Security Act claims interfacing with the Medicaid Title XIX of the Social Security Act payment process. There also must be the capacity to maintain a Medicare Part B list of eligible recipients which interfaces with the master files of Social Security Administration and from which claims may be adjudicated. The transfer of this information will be in compliance with Medicare Intermediary Manuals, SSA guidelines, audit requirements, and other directives governing the Medicare carrier.

Currently there is no charge for this transfer of information. The cost of the Buy-in premiums is billed by the Social Security Administration directly to the State Department, and is paid by the Department with no expense to the Fiscal Agent.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

Due to the fact that many Medicaid recipients are also covered by the Medicare Program (the Medicaid Program is secondary to any other insurance available), the bidder must submit with his proposal an assurance that he will be capable of performing all of the tasks necessary to Medicare interfacing.

ii. Deductible Coinsurance and Third Party Payment

The Contractor must obtain necessary information within Medicare guidelines and procedures from the appropriate carrier under Title XVIII of the Social Security Act in order to determine the extent to which authorized benefits are payable under Title XIX. The Contractor must allow for Medicaid payment of the deductible and coinsurance under Parts A and B of Medicare, and also for the payment of all noncovered Medicare services which are covered under Medicaid.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

iii. Medicare Crossover Process

The Contractor must provide for a computerized file, generated by the Medicare carrier or intermediary, compatible with Medicaid Program system detail, to serve as direct input to the Claims Processing Subsystem. A program within the computer system will compare the Medicare identification number on the claim record to a cross-referenced file of Medicaid identification numbers. Each time an identification number matches the one on a claim record, the claim record will be extracted from the Medicare history for entry into the computer system. Medicare payment and rejection codes will be included in this "extract" program which will prevent the extraction of claims for services not normally covered by Medicaid. For example, if Medicare rejects an item because it is a personal comfort item, the rejection code would be flagged in the extract program to prevent the extraction of

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

that claim. When all claim records, which may be eligible for Medicaid reimbursement, have been extracted, another computer program will place the claim information in the proper format for entry into the Medicaid Claims Processing Subsystem. These claims will be assigned a unique transaction code depending on the extent of the Medicaid Program's liability.

If a claim requires payment of the deductible and/or coinsurance, a specific transaction code will be assigned to it; if the claim requires payment of a non-covered service, a different transaction code will enable the computer system to make reimbursement on Medicare-related claims only to the extent required by law.

After the claims have been extracted from the Medicare history, placed in the proper format, and Medicaid's liability determined,

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

they will be subjected to the same system edits imposed on all Medicaid claims. The claims must pass all validation edits before they can be processed by the computer system. When the system has determined that the claims are valid, they will be processed through the pending program where they will be checked for possible duplicate, reasonableness of the charge, provider and patient eligibility, other insurance resources, and utilization review. Claims which fail to pass any of these edits will be suspended for manual review. Claims which are approved for payment will be identified on the explanation of payment as Medicare-related claims.

The necessary Medicare source claims information will be made available to Medicaid claims processing personnel in order to process all Medicare-related claims which suspend in the system.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

The Contractor shall establish, maintain,
and update as required, the necessary
safeguards and systems design to assure
that processing resulting from this inter-
face will be accurate and appropriate, and
will satisfy the requirements of both the
Title XVIII and XIX Programs.

iv. Buy-In Process

Prepare and transfer information pertinent
to each Medicaid recipient to the Social
Security Administration in Baltimore by the
25th of each month. This transfer of infor-
mation is necessary in order to ensure that
the Medicare Part B premium for each Medicaid
recipient is paid by the State Department.
The Contractor is also responsible for re-
ceiving the response data from Baltimore,
converting the data to report form, and
distributing the information promptly or within
five (5) days after receipt as follows:

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?

Yes No Uncertain

(a) Provide each county department with a monthly and quarterly listing of all recipients in the county who are on file and are having their Part B premium paid by the State Department and those who are in the process of being accreted or deleted. These listings must include at least:

(a-1) A monthly listing of all current Buy-in accretions, ongoing items, changes, pending cases, and terminations by county code and Medicaid number.

(a-2) A quarterly report of all accretions, deletions, and changes which occurred in the past quarter by county code and Medicaid number.

(a-3) Monthly alert listings which will include items being accreted and

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

deleted by county code and Medi-
caid number; and

(a-4) A monthly listing by county code
and Medicaid number of all Buy-
in entries which have been
purged from the active file due to
transfer, death, Medicaid eligibility
termination, or SSA-initiated ad-
justment.

(b) Edit all transactions received from the Social
Security Administration and Indiana Buy-in File
and notify each county monthly of any information
which is erroneous and must be corrected by the
county in order to complete accretion or deletion
of the recipient from the Buy-in File. The
information should include at least:

(i) A monthly listing by county code and
Medicaid number which gives system-generated
requests for corrected or missing Medicare

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

Part B Health Insurance Benefit (HIB)

numbers;

_____	_____	_____
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- (ii) A monthly error listing of no-match Buy-in entries by county code and Medicaid number.

_____	_____	_____
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- (c) Prepare, on a routine monthly basis and as required by systems adjustments and changes, all listings and documents necessary to effectively administer the Buy-in program and to tie-in to MARS requirements. These listings must include at least:

_____	_____	_____
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- (i) A monthly listing cross-referencing HIB numbers and Medicaid numbers for possible duplication, in HIB number order;

_____	_____	_____
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- (ii) A monthly listing of billing errors due to inappropriate interface of HIB numbers, Medicaid numbers, and SSA transaction codes in HIB number order;

_____	_____	_____
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- (iii) A monthly control report of total recipients

EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
	active, pending, purged, and inactive for Buy-in benefits;	_____	_____	_____
(iv)	A monthly report in HIB number order of errors which are edited and described by the system;	_____	_____	_____
(v)	A monthly statistical summary of total active Buy-in recipients by active status codes; and	_____	_____	_____
(vi)	A monthly premium summary by recipient eligi- bility categories, money grant and non-money grant status, and accretions and deletions.	_____	_____	_____
(d)	Draft and mail information with the approval of the State Department of Public Welfare in coordination with Social Security Administration, to explain the Buy-in system to the county departments of public welfare.	_____	_____	_____
(e)	Participate in educational endeavors and assist in training county departments as to data requirements.	_____	_____	_____

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

This will require coordination with SSA, as well as the State Department of Public Welfare.

(f) Respond in a timely and adequate manner to system requirements and updating as directed by SSA and the State Agency.

_____	_____	_____
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(g) Process all SSA 1957 and SSA 1620 forms timely and update the Indiana file accordingly.

_____	_____	_____
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(h) Assist in resolving program or code discrepancies between Federal system requirements and Indiana system procedure. The Contractor will make modifications as appropriate and necessary to maintain workable interface between all system contributors.

_____	_____	_____
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(i) Control Medicare Part B premium payments made by State Medicaid Program in conformity with the Recipient Subsystem and other necessary requirements.

_____	_____	_____
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This means that the mechanism will be in place to

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet RFP Requirements?		
Yes	No	Uncertain

accrete as timely as possible, to transfer Medicare Part B coverage at the time of Medicaid number transfers, and to terminate Medicare Part B coverage within the month following Medicaid Program termination.

The Contractor will immediately advise the State Agency of any system aberrations and will keep the open dialogue with SSA and the State which is necessary to operate the complexities of the Buy-In System.

v. BENDEX Process

Receive the Social Security Beneficiary Data Exchange (BENDEX) tape from SSA monthly and convert this information to printouts by county code and recipient number. The BENDEX System reports Title II, Federal Social Security Act, status and changes for retirement, survivors, and disability insurance (RSDI) beneficiaries.

In addition to the above described current BENDEX system, the Contractor will be expected to convert, at least quarterly, a total reimplementation file of all such

EXHIBIT XIIIa - FORM E-T-2a (contd.)

Proposal Meet
RFP Requirements?
Yes No Uncertain

beneficiaries by county code and recipient number. The Contractor will provide all necessary coordination between SSA and their system to assure compatibility. _____

d. On-Line Recipient Enrollment

i. The Claims Payment Contractor will provide an on-line input system to service the following counties: _____

<u>COUNTY</u>	<u>ADDRESS</u>
MARION	145 S. Meridian Street Indianapolis, IN 46225
LAKE	800 Massachusetts Street Gary, IN 46402
ALLEN	606 S. Calhoun Street Fort Wayne, IN 46802
ST. JOSEPH	306 N. Michigan Street South Bend, IN 46601
VANDERBURGH	Civic-County Complex Room 108, P.O. Box 154 Evansville, IN 47701
MADISON	16 E. Ninth Street Anderson, IN 46016
ELKHART	36-38 Shoots Building 112-116 E. Lincoln Avenue Goshen, IN 46526

EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
DELAWARE	125 N. Mulberry Street Muncie, IN 47305			
VIGO	429 S. Sixth Street Terre Haute, IN 47808			
TIPPECANOE	324 Main Street Lafayette, IN 47901			
LAPORTE	1111 Washington Street LaPorte, IN 46350			
CLARK	City-County Building - Room 215 Jeffersonville, IN 47130			
GRANT	Court House Annex 428 S. Washington Street Marion, IN 46952			
WAYNE	Court House - Third Street Entrance Richmond, IN 47374			
HOWARD	Court House - Room 11 Kokomo, IN 46901			

The scope of this system will be to: provide inquiry into the Recipient File; provide data input capabilities at the county level; provide for the generation of a temporary Medicaid identification card at the county level. The bidder's proposal must include the necessary edits and control functions to insure the State that all data provisions described within this Request for Proposals are met.

EXHIBIT XIIIa - FORM E-T-2a (contd.)

		Proposal Meet RFP Requirements?		
		Yes	No	Uncertain
ii.	The Claims Payment Contractor will provide the State Department of Public Welfare two on-line video display units, to be located in the State Office Building. This on-line inquiry will be to the Recipient Enrollment, Provider Enrollment, and Claims Paid Files. The video will also have recipient enrollment input capabilities and each unit will be equipped with a printer capable of making a copy of the CRT display.	_____	_____	_____
e.	Willingness to comply with future PSRO requirements (RFP II.C. 131 to 134).	_____	_____	_____
f.	Indication of potential impact of National Health Insurance, pre-paid health plans, or HMOs (RFP II.C. 135).	_____	_____	_____
g.	Indication of impact of technology (II.C.135).	_____	_____	_____
h.	Indication of impact of changes in law (II.C.135)	_____	_____	_____

EXHIBIT XIIIb - FORM E-T-2b

MEDICAID SURVEILLANCE AND UTILIZATION REVIEW SERVICES CHECK LIST

INDIANA MEDICAID RFP

Date: _____

Evaluator's Name: _____

Bidder's Name: _____

<u>RFP Page Reference</u>	<u>Item #</u>	<u>Item</u>	<u>Proposal Meet RFP Requirements?</u>		
			Yes	No	Uncertain
II.B.112	1	Medical review and independent professional review of long-term care.	_____	_____	_____
II.B.113	2	Utilization review of other Medicaid services, including:			
		a. Prepayment utilization review	_____	_____	_____
		b. Post payment review	_____	_____	_____
II.B.115	3	Review of 600 provider profiles annually.	_____	_____	_____
II.B.117	4	Assist DPW in preparation of legal documents.	_____	_____	_____

EXHIBIT XIIIb - FORM E-T-2b (contd.)

<u>RFP Page Reference</u>	<u>Item #</u>	<u>Item</u>	<u>Proposal Meet RFP Requirements?</u>		
			Yes	No	Uncertain
II.B.118	5	Assist institutional utilization review committees.	_____	_____	_____
II.B.118	6	Cooperate with ongoing develop- ment of PSROs.	_____	_____	_____
	7	Ability to perform analyses and produce reports.	_____	_____	_____
	8	Establish liaison committees for improvement of the Medicaid program.	_____	_____	_____
II.C.131- 134	9	Willingness to comply with future PSRO requirements.	_____	_____	_____
II.C.135	10	Indication of potential impact of National Health Insurance, pre-paid health plans, or HMOs.	_____	_____	_____
II.C.135	11	Indication of impact of technology.	_____	_____	_____
II.C.135	12	Indication of impact of changes in law.	_____	_____	_____

EXHIBIT XIIIc - FORM E-T-2c

RATE SETTING, AUDITING AND PROVIDER ENROLLMENT SERVICES CHECK LIST

INDIANA MEDICAID RFP

Date: _____

Evaluator's Name: _____

Bidder's Name: _____

<u>RFP Page Reference</u>	<u>Item #</u>	<u>Item</u>	<u>Proposal Meet RFP Requirements?</u>		
			Yes	No	Uncertain
II.B.120	1	Nursing home rate setting.	_____	_____	_____
II.B.122	2	Individual practitioners' rate setting.	_____	_____	_____
II.B.123	3	Drug reimbursement.	_____	_____	_____
II.B.124	4	Common audit, including:	_____	_____	_____
		i. Desk review and scope of audit determination.			
		ii. Review of accuracy and acceptability.			
		iii. Determination of field audit and scope.			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		iv. Determination of post audit adjustments.			
		v. Contact with provider.			
		vi. Filing of reports of audit.			
		vii. Initiation of actions for col- lection and/or reimbursement.			
		viii. Strict accountability of audit files.			
		ix. Safeguarding of information.			
		x. Accountability and reporting to the Federal authorities and to the State Department of Public Welfare.			
		xi. Assisting in the establishment of appropriate procedures for appeals and participation in each which may be filed.			
II.B.126	5	Full scope financial auditing, including:	—	—	—

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page Reference</u>	<u>Item #</u>	<u>Item</u>	<u>Proposal Meet RFP Requirements?</u>		
			Yes	No	Uncertain
		i. Review all cost reports within six months after their filing beginning with the 1978 annual reports.			
		ii. Perform on-site audits of one- third of the providers annually for support of the re-evaluation and approval of provider rates.			
		iii. Issue an audit report containing the following sections: Auditor's opinion and substan- tiation of his opinion; Income Statement; Reported Statistics; Recommendations for any neces- sary action.			
		iv. Provide personnel to assist pro- viders in submitting their annual reports and to develop and main- tain accounting records and systems for reliable financial and statistical data.			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		v. Provide necessary man hours to perform all review and field audit work.			
		vi. Provide the State Department of Public Welfare with reports on overpayments within the second quarter after the quarter reviewed.			
		Pursuant to Federal Statute and sub- sequent regulations concerning reim- bursement for nursing homes, the Con- tractor must implement the process of "full scope financial auditing." The Contractor must do 1/3 of the approx- imately 500 nursing homes each year.			
II.B.128	6	Provider Enrollment, including:	___	___	___
		i. Process Medicaid provider partici- pation applications, verifying in- itially, and annually thereafter, that all providers are duly licensed,			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		<p>registered, certified and equipped with the necessary Medicaid information for timely submittal of Medicaid claims. After all steps have been taken, the Contractor will issue a Medicaid provider agreement as directed by the State Department. Each new approved provider must be assigned an identification number and enrolled in the Provider Subsystem.</p> <p>ii. Initiate, maintain, revise, update as required, and control signed copies of agreements with eligible providers participating in the Medicaid Program.</p> <p>iii. Distribute claims administration and reimbursement manuals and up-dated portions of manuals to providers within ten (10) work days following notice of certification and as necessary thereafter to keep manual amendments in the hands of providers.</p>			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		iv. Distribute bulletins on new rules and regulations affecting program administration to the providers within fifteen (15) work days from the date the bulletin is authorized by the State Department of Public Welfare.			
		v. Provide consultation to individual providers on financial matters per- taining to rate setting. Requested assistance and response on financial matters will be given within ten (10) work days.			
		vi. Provide ongoing communications with all Medicaid providers regarding mat- ters pertaining to rate-setting, fees, providership and decertification pro- visions and actions. This effort should be an integral part of the Con- tractors' duties and should include, but not be limited to, the following			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		basic services and functions:			
		(a) Maintain a staff to liaison with individual providers and provider associations in matters concerning Medicaid (except claims payment procedures and questions regarding individual claims).			
		(b) Advise and assist potential of services in the methodology to become certified for participation in the Medicaid Program.			
		vii. Advise and assist the State Department in carrying out the provisions of the State Plan which cover program factors relating to providership.			
		Assist the State Department in the formulation of new policy governing the requirements which providers of service must meet in order to be reimbursed for services under the Medicaid Program.			

EXHIBIT XIIIc - FORM E-T-2c (contd.)

<u>RFP Page</u> <u>Reference</u>	<u>Item</u> <u>#</u>	<u>Item</u>	<u>Proposal Meet</u> <u>RFP Requirements?</u>		
			Yes	No	Uncertain
		viii. This Contractor must maintain an effective relationship with other Contractor(s), especially to assure proper and timely input of all source materials to the EDP system and to perform other related duties as required.			
II.C.131- 134	7.	Willingness to comply with future PSRO requirements.	_____	_____	_____
II.C.135	8.	Indication of potential impact of National Health Insurance, pre-paid health plans, or HMOs.	_____	_____	_____
II.C.135	9.	Indication of impact of technology.	_____	_____	_____
	10.	Indication of impact of changes in law.	_____	_____	_____

IV. BUSINESS PLAN PROPOSAL EVALUATION

IV BUSINESS PLAN PROPOSAL EVALUATION

- The purpose of the Business Plan Proposal Evaluation is to ensure that each proposal is fully compliant with the requirements of the RFP. Each evaluator will check everything on the attached detailed Evaluation List-Business Plan Proposals (Exhibits XIV and XV), and indicate in the appropriate column whether or not the proposal complies, or if there is some uncertainty.
- Each evaluator will have signed in advance of opening and/or examining any proposal,
 - Confidentiality Certificate (Exhibit I)
 - Conflict of Interest Statement (Exhibit II)
- Each of three distinct services is to be evaluated independently, whether submitted by a bidder offering to do one, two, or all three services. The three services are:
 - Medicaid Claims Payment
 - Medicaid Surveillance and Utilization and Review
 - Medicaid Rate Setting, Auditing, and Provider Enrollment
- Each service, by each bidder, will be read by at least three members of the evaluation group. Each evaluator will complete Form E-3

EXHIBIT XIV - FORM E-BP-1

DETAILED EVALUATION LIST - BUSINESS PLAN PROPOSALS

INDIANA MEDICAID RFP

3. Bidder's Name _____ 1. Date _____ 1977

4. Service(s) Evaluated _____ 2. Evaluator's Name _____
(check all that apply)
Claims Payment ☐
S/UR ☐
Rate Setting, etc. ☐

5. Evaluation Summary

Proposal Section Number	Proposal Section Title	Does Proposal Meet RFP Requirements?			
		Claims Payment	S/UR	Rate Setting, etc.	
		Yes	No	Yes	No
1.	Bid Price	_____	_____	_____	_____
2.	Bid Price Justification	_____	_____	_____	_____
3.	Terms and Conditions	_____	_____	_____	_____
4.	Other Required Commitments	_____	_____	_____	_____

EXHIBIT XV - FORM E-BP-2

BUSINESS PLAN PROPOSAL DETAILED CHECK LIST

INDIANA MEDICAID RFP

3. Bidder's Name _____	1. _____	1. Date _____	1977
4. Service Being Evaluated: (check one only)	<input type="checkbox"/> Claims Payment <input type="checkbox"/> S/UR <input type="checkbox"/> Rate Setting, etc.	2. Evaluator's Name _____	
5. Proposal Section 1, Bid Price			
a. Price Bidding Form correctly completed (RFP Exhibit III-1)?	_____	YES _____ NO _____	UNCERTAIN _____
b. Price Bidding Back-Up Form correctly completed (RFP Exhibit III-2)?	_____	_____	_____
c. Are all arithmetic operations correct?	_____	_____	_____
d. Are data correctly transferred from column 2 of Price Bidding Back-Up Form, to Price Bidding Form?	_____	_____	_____

EXHIBIT XV, (CON'T.)

6. Proposal Section 2, Bid Price Justification

	<u>Does Proposal Comply?</u>		
	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a. All 12 columns of Price Bidding back-up form completed?	—	—	—
b. Are details included, supporting the amount(s) bid, for,			
1. Staffing commitments and levels?	—	—	—
2. Total salaries and fringe benefits?	—	—	—
3. Office space requirements?	—	—	—
4. Equipment requirements?	—	—	—
5. G & A and overhead costs?	—	—	—
6. Other justification?	—	—	—
(Evaluator notes):			

EXHIBIT XV (CONTD.)

7. Proposal Section 3, Terms and Conditions

(Items marked * should have been noted on Form E-2, Minimum Mandatory Requirements.)

	Does Proposal Comply?		
	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
*a. Willingness to enter into Memorandum of Understanding?	_____	_____	_____
b. Agreement to uphold and not alter any provisions of the State Medicaid Plan?	_____	_____	_____
c. Proposal conforms to Indiana Code 12-1-7-17 (see RFP I.A.10)?	_____	_____	_____
d. Agreement to Confidentiality of Information (see RFP V.E)?	_____	_____	_____
e. Agreement on Proprietary Rights (see RFP V.F.)?	_____	_____	_____
(Evaluator notes):			
f. Any option offered to State to acquire proprietary software/systems?	_____	_____	_____
(Evaluator notes):			
g. Agreement on Equipment (RFP V.G)?	_____	_____	_____

EXHIBIT XV (CONTD.)

	<u>Does Proposal Comply?</u>		
	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
h. Bid price includes provisions for furnished office space and clerical services for a maximum of two employees of the State (RFP V.H)?	—	—	—
i. Location of performance specified (RFP V.I)?	—	—	—
- For Claims Payment bidders only, where is major computer system located?	—	—	—
j. Agreement to comply with Equal Opportunity and Affirmative Action programs (RFP V.J)?	—	—	—
k. Agreement with Contract Cancellation terms (RFP V.L.3)?	—	—	—
l. Bidder identifies cost to the State in the event of cancellation due to major revision of National Health Insurance?	—	—	—
m. Claims Payment Bidder's Agreement to indemnify the State in the event of loss of 75% FFP (RFP V.M.1.d)?	—	—	—
n. Bidder agreement to accept the establishment and functions of the Medicaid Planning, Performance and Arbitration Committee (RFP V.M.1.d)?	—	—	—
o. Agreement to turn over materials at end of contract (if awarded), as specified in Contractor Obligation on Contract Completion (RFP V.N)?	—	—	—

EXHIBIT XV (CONTD.)

8. Proposal Section 4, Other Required Commitments

(Items marked * should have been noted on Form E-2, Minimum Mandatory Requirements.)

	<u>Does Proposal Comply?</u>		
	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
*a. Non-collusion affidavit.	_____	_____	_____
*b. Authorization to do business in Indiana?	_____	_____	_____
*c. Proposal guarantee of correct amount included (RFP I.B., page 53)?	_____	_____	_____
d. Agreement to provide performance bond as specified (RFP I.B., page 53)?	_____	_____	_____
*e. Financial statements included?	_____	_____	_____
f. If any sub-contracts are involved,			
1. Does proposal identify sub-contractor(s) and his relationships to bidder?	_____	_____	_____
2. Copy of executed sub-contract(s), or letter(s) of agreement, over the official signature of the firms involved, included?	_____	_____	_____
3. Sub-contracts comply with all Indiana statutes?	_____	_____	_____
4. Amounts of all sub-contracts indicated?	_____	_____	_____
5. Qualifications of each sub-contractor for guaranteeing performance indicated?	_____	_____	_____

EXHIBIT XV (CONTD.)

	<u>Does Proposal Comply?</u>		
	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
*6. Description of security measures to ensure Privacy of Data included (RFP I.B., page 56)?	—	—	—
*7. Catastrophe and Recovery Plan included, according to RFP I.B., page 56?	—	—	—
*8. Bidder assurances regarding assignment of the Contract (if awarded), per RFP I.B., page 57?	—	—	—
*9. Statement of Authorization to Use Information, as required by RFP I.B., page 57?	—	—	—
10. Has bidder submitted a "Combined Bid" which offers the State a lower total price than the arithmetic sum of the individual services bid?	—	—	—

(Exhibit VI), Individual Evaluation Summary, for each of the four parts required by the RFP.

- Prior to commencing evaluation, each proposal will be checked to make sure that the Minimum Mandatory Requirements (Form E-2, Exhibit V) have been met. If they have not, a preliminary examination will be made of the Technical and Business Plan proposals to determine if these deficient items are present therein. If so, Form E-2 (Exhibit V) shall be appropriately noted. If not, the proposal is to be rejected, and marked unacceptable on Form E-3 (Exhibit VI). Items checked on Form E-2 should also be noted on Form E-BP-1 (Exhibit XIV), Business Plan Proposal Evaluation Check List, where similar.

- The required structure of the Business Plan Proposal is given in RFP Section I.B., page 50. The four parts to be examined and evaluated are:

<u>PROPOSAL SECTION NUMBER</u>	<u>PROPOSAL SECTION TITLE</u>	<u>PROPOSAL SECTION CONTENT</u>
1	BID PRICE	FOR EACH SERVICE PROPOSED PROVIDE THE BID PRICES FOR IMPLEMENTATION AND OPERATION (PART III)
2	BID PRICE	FOR EACH SERVICE PROPOSED PRO- VIDE THE BID PRICE DETAIL AND JUSTIFICATION (PART III. B.)
3	TERMS AND CONDITIONS	PROVIDE THE NECESSARY GUARANTEES AS DESCRIBED IN RFP PART V. ALSO, IDENTIFY COST TO THE STATE IN THE EVENT OF CANCELLATION DUE TO MAJOR REVISION OF NATIONAL HEALTH INSURNACE.

PROPOSAL
SECTION
NUMBER

PROPOSAL
SECTION
TITLE

PROPOSAL
SECTION
CONTENT

OTHER REQUIRED

PROVIDE DOCUMENTS AND STATEMENTS
OF ASSURANCES AS DESCRIBED.

- Part III of the RFP must be satisfied in order for the proposal to be fully compliant.

- The RFP describes the required content of Proposal Sections 1-4. Each proposal is to be examined for conformance to the RFP requirement, and checked on Form E-BP-1 (Exhibit XIV). One copy of form E-BP-1 is to be completed for each proposal service offered by each bidder, regardless of whether one, two, or all three services are offered in the proposal.
- In order to be able to properly complete form E-BP-1, each Business Plan Proposal Evaluator will use the detailed check list on Form E-BP-2 (Exhibit XV) for each service offered by each bidder. The check lists pick up the requirements of RFP Parts IB, and III, which should be relected in the bidder's proposal. Each item should be checked for proposal conformance.

